LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info

PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

July 19, 2011

MEMBERS PRESENT	MEMBERS ABSENT	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Al Ballesteros, *Co-Chair*	Douglas Frye	None	Jane Nachazel
Bradley Land, *Co-Chair*	Anna Long		Craig Vincent-Jones
Ted Liso	Quentin O'Brien		
Abad Lopez		**PUBLIC**	
Carlos Vega-Matos		Miki Jackson	
Tonya Washington-Hendricks		Scott Singer	
		Jason Wise	

CONTENTS OF COMMITTEE PACKET:

1) **Agenda**: Priorities and Planning (P&P) Committee Meeting Agenda, *7/19/2011*
2) **Table**: Commission Member "Conflicts-of-Interest", *7/12/2011*
3) **Brief**: Program/Planning News: The Commission's Role in LA County's Implementation of Health Care Reform, *7/14/2011*
4) **Brief**: Program/Planning News: HCR Task Force Guidance for FY 2011-2012 Priority- and Allocation-Setting, *7/14/2011*
5) **Policy Notice**: Policy Notice 10-02: Eligible Individuals and Allowable Uses of Funds for Discretely Defined Categories of Services, *4/8/2010*
6) **Table**: FY 2012 Service Category Priority Rankings, *6/28/2011*
7) **Summary**: HIV Service Category Definitions, *4/28/2009*
8) **Table**: Fiscal Year 2011 Priority- and Allocation-Setting Change Matrix, *5/25/2010*

1. **CALL TO ORDER**: Mr. Land called the meeting to order at 1:40 pm.

2. **APPROVAL OF AGENDA**:
MOTION #1: Approve the Agenda Order **(*Passed by Consensus*)**.

3. **APPROVAL OF MEETING MINUTES**:
MOTION #2: Approve the 6/28/2011 Priorities and Planning (P&P) Committee Meeting Minutes **(*Postponed)***.

4. **PUBLIC COMMENT, NON-AGENDIZED**: There were no comments.

5. **COMMISSION COMMENT, NON-AGENDIZED**: There were no comments.

6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP**: There were no comments.

7. **CO-CHAIRS' REPORT**: Mr. Vincent-Jones noted David Kelly was not on the P&P Committee until further notice.

8. FY 2012 P&A-SETTING PROCESS:

A. Priority Rankings:

- P&P reviewed priority revisions from the 5/24/2011 meeting. Priorities are based on need regardless of funding source. It is also necessary to evaluate how to rank a service greatly needed by a small number of people. The Los Angeles Coordinated HIV Needs Assessment (LACHNA) provides most needs data. The most current LACHNA is being finalized, so data is from the prior document. Utilization is not a complete surrogate for need due to issues such as access.
- Mr. Vincent-Jones felt Health Insurance Premiums/Cost-Sharing (HIP/C-S), moved down to 15, should be near Medical Outpatient/Specialty (MO/S), priority 1, as it offers alternate financing streams for care. He added introduction of health insurance exchanges is likely to increase need. HRSA has not decided whether or not HIP/C-S can also be used for Medicaid co-payments, but objective need will be the same either way. There is no utilization data as the service is in its first year.
- Mr. Singer suggested placing HIP/C-S adjacent to Benefits Specialty as they both address access.
- Ms. Washington-Hendricks recommended moving Medical Nutrition Therapy (MNT) up. She felt that it would be consistent with HCR Task Force Recommendation #6, which highlights emerging needs such as of an aging population. She added Registered Dieticians (RDs) often report that clients do not know their physicians names or what medications they are taking.
- Mr. Vincent-Jones clarified that the MNT standard was rewritten to ensure it is provided by RDs in medical clinics. It is not a Specialty service, such as cardiology, provided by specialized physicians, but is a key MO service to ensure health for PLWH whose nutritional capacity is often compromised by HIV disease and/or medications. LACHNA also indicates high unmet need in this service category.
- Mr. Land said fewer and fewer of his needed supplements are covered. He already pays over $120 out-of-pocket monthly. He felt many consumers go without vitamins and other supplements needed to compensate for their medications.
- Mr. Vincent-Jones said supplements are part of MNT. They could also be addressed by increasing the allocation to Medication Assistance and Access with a directive to increase the formulary to include them.
- Ms. Washington-Hendricks noted liquid supplements may be offered under Nutrition Support. They are, however, expensive, so if P&P chose to require them then additional funding would be needed.
- P&P discussed Substance Abuse Residential and Treatment in depth last year. Residential was moved up due to anecdotal, subjective and LACHNA data that indicated it was a higher need with utilization lower than warranted due to access issues. Some under-utilization of Substance Abuse, Residential is likely due to lack of provider capacity.

MOTION #3 ***(Land/Lopez)***: Move Health Insurance Premiums/Cost-Sharing from 15 to 8 and current categories 8 though 14 down one **(Failed*: Ayes,*** Land, Lopez**; *Opposed,*** Ballesteros, Liso, Vega-Matos, Washington-Hendricks**; *Abstentions,*** none**)**.
MOTION #4 ***(Washington-Hendricks/no second)***: Move Medical Nutrition Therapy from 17 to 10 and Substance Abuse, Residential from 10 to 17 **(*Withdrawn*)**.
MOTION #5 (*Washington-Hendricks/Liso*): Move Medical Nutrition Therapy to 10 and current categories 10 though 16 down one **(*Passed by Consensus*)**.
MOTION #6 (*Ballesteros/Liso*): Accept revised FY 2012 Service Category Priority Rankings **(*Passed by Consensus)***.

B. Funding Allocations:

- Mr. Vega-Matos presented preliminary allocation recommendations from OAPP. It includes the FY 2011 allocations with the following adjustments recommended for FY 2012:
  - Reduce HIP/C-S in light of State expansion of OA-HIPP;
  - Increase Mental Health, Psychiatry;
  - Reduce Skilled Nursing/Hospice since there is no current contract and a stand-alone contract is not feasible and most clients receive hospice services through Residential Care Facilities for the Chronically Ill (RCFCI) making $653,000 excessive;
  - Reduce Substance Abuse, Residential due to underspending and underutilization;
  - Increase Treatment Adherence and target it to County geographic population clusters with poor adherence which are not always those served by the Minority AIDS Initiative (MAI);
  - Increase Case Management, Home-Based.

- Mr. Vincent-Jones noted Treatment Adherence is part of Medical Outpatient (MO). To increase the allocation, MO would be increased with a directive that funds are for Treatment Adherence. Treatment Education is done outside the MO environment.
- Ms. Washington-Hendricks reported clients often say they prefer Treatment Education as they do not go to the clinic. Mr. Vega-Matos said OAPP has had difficulty with some Treatment Education providers who have not coordinated information with the clinic. Mr. Vincent-Jones added questioned the value of Treatment Education performed outside of a clinical context and if it does not successfully enter and keep them in care.
- Mr. Singer said Treatment Education is often used as a component of Outreach. He recommended tighter contract requirements for MO coordination rather than de-emphasizing the service. Mr. Vincent-Jones said the Treatment Education format could be used within Outreach to bring people into care. The Commission agreed to fund Outreach for the first time in FY 2012.
- Mr. Vega-Matos noted most patients needing Skilled Nursing/Hospice are Medi-Cal/Medicare-eligible, so do not use Ryan White services.
- Mr. Land noted HCR Task Force Recommendation #4 would establish contingency allocations should funding decrease, e.g., by increments of 5%, 10% and 15% or more or by 7% and 14% or more. There will also be impacts to RW as people transition into managed care on the one hand and seek guidance with the more complex landscape on the other. Recommendation 3 addresses migration of 1,000 or fewer, 2,500 or 5,000 clients.
- Mr. Vincent-Jones reported OAPP seeks Commission guidance with flexibility to address changes as they occur. Contracts for FY 2012 are already in place, so changes beyond a certain percentage would need to go the Board.
- He suggested preparing a base funding scenario with suggestions rather than specific allocations for varying scenarios, e.g., if few people migrate out while funding decreases the suggestion might be to maintain MO and reduce elsewhere.
- Mr. Ballesteros felt there would be little migration impact in 2012, but Mr. Vincent-Jones noted Low Income Health Plans (LIHPs) are the largest aspect of migration and was to begin migrating people on 7/1/2011. Both HRSA and the State say it must go forward. The County has said it does not have the tools to accomplish it, but has not received approval to suspend migration and some providers have already begun migrating eligible clients into HWA.
- Mr. Singer noted the lack of key information and suggested a more philosophical discussion on priorities and OAPP flexibility. More specific recommendations could be returned to P&P as information develops.
- Mr. Vincent-Jones agreed information was sparse, but P&P can address impact under various scenarios.
- Two other HCR Task Force recommendations pertain to allocations. Recommendation 7 would increase Oral Health as is needed to maintain funding since up to $1 million was added in FY 2011 with one-time MAI funds. Recommendation 8 would increase Outreach. P&P has already committed to increasing Outreach.

➲ Mr. Vega-Matos will prepare MAI implementation reports for the 8/23/2011 P&P meeting on Early Intervention Services and Case Management, Medical similar to the Oral Health report. P&P will then address MAI allocations.

➲ Mr. Vega-Matos will complete writing recommendations from the Skilled Nursing/Hospice Work Group for P&P. Mr. Vincent-Jones noted staff is also completing the Skilled Nursing/Hospice Study.

➲ Staff will bring financials to the 7/26/2011 P&P meeting.

MOTION #7 (*Ballesteros/Liso*): Use the following scenarios to address a potential funding decrease: <7%, 7%-15%, >15% **(*Passed by Consensus*)**.

MOTION #8 (*Land/Liso*): Use the following scenarios to address potential client migration: <1,000; 1,000-2,500; 2,500-5,000 **(*Passed by Consensus*)**.

B. **Minority AIDS Initiative**: This item was postponed.

9. RESOURCE ANALYSIS SUBCOMMITTEE: This item was postponed.

10. NEXT STEPS: This item was postponed.

11. ANNOUNCEMENTS: There were no announcements.

12. ADJOURNMENT: The meeting adjourned at 4:15 pm.